

JP



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_

City/County \_\_\_\_\_

Located at \_\_\_\_\_

Case No. \_\_\_\_\_

Court Address

STATE OF MARYLAND

or

vs.

Plaintiff/Petitioner

Defendant/Respondent

### REQUEST FOR SPOKEN LANGUAGE INTERPRETER

Requests for interpreter should be submitted to the court not less than thirty (30) days before the proceeding for which the interpreter is requested.

Type of court proceeding:  Criminal  Civil  Traffic  Juvenile  Family  Other: \_\_\_\_\_

If this request is for Juvenile, please check the appropriate box:  Delinquent  Child in Need of Assistance (CINA)  
 Child in Need of Supervision (CINS)  Termination of Parental Rights (TPR)  Adoption  Other: \_\_\_\_\_

1. Hearing/trial date: \_\_\_\_\_ Time: \_\_\_\_\_ Courtroom: \_\_\_\_\_

An interpreter is needed for THIS HEARING OR EVENT ONLY.

I am a party (Plaintiff or Defendant) and need an interpreter FOR ALL HEARINGS & EVENTS RELATED TO THIS CASE, unless indicated otherwise.

2. Location of hearing/trial: \_\_\_\_\_ 3. LANGUAGE: \_\_\_\_\_

4. DIALECT: \_\_\_\_\_ 5. Country & region where language is spoken (do not omit): \_\_\_\_\_

Name of Person Requesting Interpreter: \_\_\_\_\_

Name of Person Who Needs Interpreter: \_\_\_\_\_

Person Needing Interpreter is the:

Defendant/Respondent  Attorney  
 Plaintiff/Petitioner  Victim

Victim's Representative (includes a family member or guardian of a victim who is a minor, deceased, or disabled)

Witness for:  the Defendant/Respondent  the State  the Plaintiff/Petitioner  Other: \_\_\_\_\_

**NOTICE: If a court hearing or proceeding is postponed or continued, you do not need to make a new interpreter request. An interpreter will be provided for the new hearing date.**

Date	Signature of Applicant/Applicant's Attorney or Representative	Attorney Number
Printed Name	Telephone Number	
Address	Fax	
City, State, Zip	E-mail	